



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

**School District Claim for  
State Reimbursement for  
School Bus Transportation**

State ☐  
District ☐  
County ☐

**DUE  
DATES:**

**First Semester**  
**February 1 to County Superintendent**  
**February 15 to State Superintendent**

**Second Semester**  
**May 10 to County Superintendent**  
**May 24 to State Superintendent**

**COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:**

This claim is for the period beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_.  
month day month day

**CERTIFICATION:**

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
<b>06 Carter</b>		<b>0087 Ekalaka Elem</b>					<b>Elementary</b>	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
50	15	1 Chalk Buttes	144	1.15	54	08/09/05	_____	_____
50	15	2 HWY 7	92	1.15	54	08/09/05	_____	_____
50	15	3 Beaver Flats	68	0.95	16	08/09/05	_____	_____
50	15	Mill Iron	100	1.15	54	08/09/05	_____	_____
50	15	Ridgeway	148	1.15	54	08/09/05	_____	_____



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

**School District Claim for  
State Reimbursement for  
School Bus Transportation**

State ☐  
District ☐  
County ☐

**DUE  
DATES:**

**First Semester**  
**February 1 to County Superintendent**  
**February 15 to State Superintendent**

**Second Semester**  
**May 10 to County Superintendent**  
**May 24 to State Superintendent**

**COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:**

This claim is for the period beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_.  
month day month day

**CERTIFICATION:**

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
<b>06 Carter</b>		<b>0097 Carter County H S</b>					<b>High School</b>	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
50	CO	1 Chalk Buttes	144	1.15	54	08/09/05	_____	_____
50	CO	2 HWY 7	92	1.15	54	08/09/05	_____	_____
50	CO	3 Beaver Flats	68	0.95	16	08/09/05	_____	_____
50	CO	Mill Iron	100	1.15	54	08/09/05	_____	_____
50	CO	Ridgeway	148	1.15	54	08/09/05	_____	_____